



Influenza ("The Flu")

Recommendations for Long-Term Care Facilities

Influenza ("the flu") is an acute, highly contagious respiratory disease characterized by abrupt onset of fever, body aches, sore throat, headache and cough, and, in children, also can cause diarrhea and vomiting. The guidelines below are being provided to assist in minimizing transmission and the impact of outbreaks.

- Employees of nursing homes and chronic-care facilities should be vaccinated against influenza. FluMist®, the live attenuated vaccine, can be given to "healthy" health-care workers younger than 50, except those who provide direct care to severely immunocompromised patients.*
- Influenza vaccine may not be fully protective in the frail elderly. Thus, if an outbreak of influenza should occur, the facility may wish to consider giving residents and staff preventive antiviral medications.
- For those who become ill (both staff and patients), antiviral treatment may reduce viral shedding and viral transmission. For this treatment to be effective, it must be started as soon as possible. (Antivirals are most effective if started within 48 hours of onset of symptoms.)
- The specific antiviral drug used may depend on the strain of influenza circulating in the facility. Testing a sample of patients should be considered in an outbreak situation. Contact the North Dakota Department of Health (800.472.2180) for assistance with clinical testing.

* Immunosuppressed persons include patients with hematopoietic stem cell transplants during those periods in which the immunosuppressed person requires care in a protective environment. All other health-care workers and other persons who have close contact with persons with lesser degrees of immunosuppression (e.g., persons with diabetes, persons with asthma taking corticosteroids, or persons infected with human immunodeficiency virus) can receive FluMist®. Health-care workers and hospital visitors who have received FluMist® should refrain from contact with severely immunosuppressed persons for seven days after vaccination; however, such persons need not be excluded from visitation of patients who are not severely immunosuppressed.

How to prevent transmission of the influenza virus

- Transmission commonly occurs from unprotected coughs or sneezes. Make sure tissues are available at all times. Encourage residents and staff to cover their mouths when coughing and use a tissue when sneezing or blowing their noses. Tissues should be disposed of immediately, followed by proper hand washing with soap and water. (Alcohol hand sanitizers also may be used.)
- Provide an easily accessible container for proper disposal of tissues.
- Any ill staff member should be sent home and stay home for the duration of the illness.
- Staff should use standard and droplet precautions.

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- Staff must practice good hand hygiene at all times. This means using warm water and soap for at least 15 to 20 seconds each time. Alcohol hand sanitizers may be used for this purpose if hands are not visibly soiled.
- Residents should wash hands or have hands washed before leaving rooms, after sneezing or coughing, and at other appropriate times. Alcohol hand sanitizers may be used for this purpose if hands are not visibly soiled.
- Common-use surfaces – such as door handles, handrails, table surfaces, etc. – should be cleaned twice daily with disinfectant. (Bleach solutions or commercial disinfectants are appropriate.)
- Ill residents should stay in their rooms. Non-ill roommates should be relocated to other rooms. If many residents are ill, cohorting to a specific area or ward may be considered.
- If cohorting is practiced, staff also should be cohorted (i.e., those caring for residents with influenza should not be allowed to care for other residents).
- Family members and other visitors with respiratory illness should be asked not to visit or should consider visiting when their symptoms resolve. If they must visit, family members should be educated on infection control before the visit.